

BIRCH, STEWART, KOLASCH & BIRCH, LLPP.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS**

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: **BIOACTIVE COATING OF BIOMEDICAL IMPLANTS**

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Fill in Appropriate Information - The specification was filed on 02/03/2007 as United States Application Number 10/586,261 ;and amended on 07/18/2006 (if applicable) and/orFor Use Without Specification Attached: the specification was filed on 01/19/2005 as PCT International Application Number PCT/AU2005/000055 ; and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Insert Priority Information (if appropriate)	Prior Foreign Application(s)		Priority Claimed	
	(Number)	(Country)	(Month/Day/Year Filed)	
	<u>2004900202</u>	<u>Australia</u>	<u>January 19, 2004</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional Application(s): (if any)	(Application Number)	(Filing Date)
	_____	_____
	_____	_____

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested Information (if appropriate)	Country	Application Number	Date of Filing (Month/Day/Year)
	_____	_____	_____
	_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S. Application(s): (if any)	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
	_____	_____	_____
	_____	_____	_____

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:


CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First
or Sole Inventor
Insert Name of
Inventor →
Insert Date This
Document is Signed
Insert Residence
Insert Citizenship →
Insert Post Office
Address
Full Name of Second
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Sunil KUMAR		INVENTOR'S SIGNATURE 	DATE* 25/08/68
Residence (City, State & Country) GREENWICH, SOUTH AUSTRALIA, AUSTRALIA		CITIZENSHIP Australia	
MAILING ADDRESS (Complete Street Address including City, State & Country) 11 BERESINA PLACE, GREENWICH, SA 5125, AUSTRALIA			
GIVEN NAME/FAMILY NAME Hailong ZHANG		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP People's Republic of China	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME Darren John SIMPSON		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP Australia	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME Roger St. Clair SMART		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Tennyson, Australia		CITIZENSHIP Australia	
MAILING ADDRESS (Complete Street Address including City, State & Country) 2/6 Bournemouth Street, Tennyson South Australia 5022, AUSTRALIA			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

*DATE OF SIGNATURE

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	(Number)	(Country)	(Month/Day/Year Filed)	
	(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Full Name of First
or Sole Inventor
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship →
Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Sunil KUMAR	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Golden Grove, Australia		CITIZENSHIP Australia
MAILING ADDRESS (Complete Street Address including City, State & Country) 29 Rotz Court; Golden Grove South Australia 5125; AUSTRALIA		
GIVEN NAME/FAMILY NAME Hailong ZHANG	INVENTOR'S SIGNATURE <i>Hailong Zhang</i>	DATE* 26/08/2008
Residence (City, State & Country) Wheeler's Hill, Victoria, Australia		CITIZENSHIP Australia People's Republic of China H.Z.
MAILING ADDRESS (Complete Street Address including City, State & Country) 4 Allendale Crescent, Wheeler's Hill, Vic 3150, Australia		
GIVEN NAME/FAMILY NAME Darren John SIMPSON	INVENTOR'S SIGNATURE	DATE*
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GIVEN NAME/FAMILY NAME Roger St. Clair SMART	INVENTOR'S SIGNATURE	DATE*
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Full Name of First
or Sole Inventor:
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship →

Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

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MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME Darren John SIMPSON	INVENTOR'S SIGNATURE <i>Jim Simpson</i>	DATE* 25/08/2008
Residence (City, State & Country) St Agnes, SA 5097 Australia		CITIZENSHIP Australia
MAILING ADDRESS (Complete Street Address including City, State & Country) 16 Wild Oak Grove, St Agnes SA 5097 AUSTRALIA		
GIVEN NAME/FAMILY NAME Roger St. Clair SMART	INVENTOR'S SIGNATURE <i>Roger St. Clair</i>	DATE* 25/08/2008
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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
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MAILING ADDRESS (Complete Street Address including City, State & Country)		

*DATE OF SIGNATURE